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THE STATE DEPARTMENT OF HEALTH ITS ORGANIZATION AND FUNCTIONS

LESTER A. ROUND, PH.D., *State Director of
Health*, and MEMBERS OF THE STAFF

How 450 employees spend \$850,000 a year administering the official functions of the Rhode Island State Department of Health. A Symposium presented before the Rhode Island Medical Society, January 24, 1940.

DR. ROUND:

The Reorganization Act of 1935 consolidated sixteen or seventeen boards and commissions into a State Department of Public Health. All these separate boards and commissions were carrying on some phase of public health work. Excepting the Public Health Commission all the boards were small, the majority with part-time personnel, and their combined appropriations amounted to about \$56,000.00, which added to the Public Health Commissions appropriation of \$130,000.00 made up a total of \$186,500.00. For the present fiscal year the state's appropriation for these same functions is only \$196,000.00, an increase of slightly over 5 per cent.

When we consider that the reorganization act of 1939 transferred from the Department of Agriculture to the Department of Health, the sanitary inspection and control of the shell fish growing areas of the state and the inspection and control of milk from the time it leaves the farm until it reaches the consumer (approximately 220,000 quarts of milk daily), we can say without fear of contradiction that our present appropriation of \$196,000.00 represents no increase as compared with 1934. However, in fairness to the principles upon which the reorganization was based, it must be said that the total amount of work now accomplished has greatly increased; that in most cases the individual employees are turning out more work each day; that this intensification of individual activities and better coordination of present efforts enables our employees not only to intensify and expand their past activities, but also to take on new activities which have recently been added.

Under the Federal Social Security Act, we receive about \$150,000.00. The transfer of the State Sanatorium at Wallum Lake to the present Department of Health, adds \$500,000.00, making a total of just under \$850,000.00. The Social Security funds are granted for specific purposes as follows: Maternal and Child Hygiene, Crippled Children, Rural Health and Sanitation, Venereal Disease Control and Industrial Hygiene.

Further, in the spirit of fairness I feel compelled to state that in that group of activities represented by the present appropriation of \$196,000.00 the appropriations for personal services for the present fiscal year have been reduced by virtually \$35,000.00, as compared with the previous fiscal year, or approximately 27 per cent. A reduction of 27 per cent in salaries is a very drastic cut, and necessitates a drastic reduction in personnel. I personally must take the responsibility for the elimination of 29 positions in the department, and yet, not only has no essential function been curtailed, but on the other hand certain services have been extended. Further, while a few salaries were cut, several salaries have been materially increased. Certainly something is wrong when a college graduate who specialized in science and has taken advanced work in his specialty and was a leader of his class is employed in a highly technical position and doing excellent work, and gets a salary far less than the wielder of a pick and shovel.

Division of Crippled Children

There is something about a cripple, especially a crippled child, that appeals to our sympathetic emotions as few other things do. There is no work that appeals more to our humanitarian instincts

than the restoration of a crippled body to a healthier and more normal condition, in order that that individual's enjoyment of life may be fuller, more complete; that he may perhaps become self-supporting or, if not, that he may be able to care for his physical and bodily needs, thus relieving others from a tremendous burden, no matter how cheerfully borne.

Under the provisions of the Social Security Act, in 1936, a Division of Crippled Children was established, financed on a fifty-fifty basis; that is, one-half from state appropriations, one-half from Federal funds.

Dr. William A. Horan, Chief of the Division, will discuss briefly the work of the Division of Crippled Children.

CRIPPLED CHILDREN'S DIVISION

WILLIAM HORAN, M.D., *Chief of the Division*

The Division of Crippled Children was established in the State Department of Health in April, 1936. It is the official State Agency administering or supervising the administration of crippled children's services. The personnel of the Division consists of a Chief, and a staff consisting of a Public Health Nursing Supervisor, an Orthopedic Nurse, a Public Health Nursing Consultant, a Medical Social Worker, two full-time physical-therapists and one part-time physical-therapist.

The object of the Division is to locate all children under the age of twenty-one who have a crippling condition of any nature. All needy cases within the boundaries of the State are cared for. The Department of Health does not accept the responsibility for the care of any crippled children whose families are financially able to afford private care. Weekly diagnostic clinics are held in various parts of the State, the sites for these clinics being determined by the number needing care in that particular district.

On January 1st, 1940, there was a total of 1940 children on the crippled children's register.

The following hospitals cooperate in the program: Rhode Island Hospital, St. Joseph's Hospital, Charles V. Chapin Hospital, Pawtucket Memorial Hospital, Woonsocket Hospital, Newport Hospital. Hospital care is authorized by the

Chief of the Division or in the absence of the Chief by the Attending Orthopedic Surgeon, Dr. Roland Hammond. A \$4.00 per diem flat rate has been established with all hospitals and this rate includes the cost of X-ray, use of operating room, services of an anesthetist, the anesthesia, laboratory work, physical-therapy and plaster. Surgeons' fees and appliances are not included.

The services of public health nurses, medical social worker and physical-therapists are provided on a State-wide basis.

The Advisory Committee consists of the following members: Dr. James F. Rockett, Mr. Emerson L. Adams, Dr. Murray S. Danforth, Rev. Thomas V. Cassidy, Mary C. Mulvaney, R.N., Dr. Roland Hammond, Dr. James P. O'Brien, Mrs. Henri Dursin. This Committee is consulted on any general change in procedure. Each member of the Committee assists with the specific group which she or he represents in interesting local agencies, public and private, to cooperate with the State in services to crippled children.

From July 1st, 1937, to June 30th, 1939, a total of \$62,802.75 was spent for hospitalization of crippled children, \$14,682.75 of which was State funds, and \$48,120.00 Federal funds and private funds used for matching. \$1,094.49 was spent for braces, artificial limbs, etc. The State Legislature has made an appropriation for services to crippled children for the fiscal year ending June 30th, 1940, of \$15,680.00.

The Division encourages local responsibility for services to crippled children because recognized local organizations are more capable and qualified to care for crippled children and as a rule they know the individual personally and have won his or her family's confidence in their work.

Division of Maternal and Child Hygiene

DR. ROUND:

Rhode Island has had a Division of Maternal and Child Hygiene for over twenty years and within the limits of its appropriations, did very effective work. The Social Security Act provides funds on a fifty-fifty basis for assisting States in the expansion of this work. Accordingly Rhode Island now has not only a state-wide program, but also has added some distinctly new features.

Dr. Francis V. Corrigan, Chief of the Division of Maternal and Child Hygiene, will now discuss the work of this division.

DIVISION OF MATERNAL AND CHILD HYGIENE

FRANCIS V. CORRIGAN, M.D., *Chief of the Division*

The Bureau of Child Hygiene was established in the State Department of Health on July 1, 1919.

Since 1936, with the financial assistance received under the Social Security Act, practically all infants now born in the rural sections of the State are included in our regular Home Visiting Program. In some places the entire program is carried on by the local nurse. In many places the entire program is carried on by the State nurses. The net result is that in practically the entire State, all children under five years of age who are not under the immediate care of their family physician receive some health supervision.

Well Child Conferences

Most of our Well Child Conferences are carried on in cooperation with the local Visiting Nurses. Two types of service are offered at these Conferences: (1) Weighing only; (2) Weighing and health supervision. Those children delivered by a private physician are admitted to the Well Child Conference for either type of service on recommendation of the private physician.

DIPHTHERIA IMMUNIZATION:

School and preschool immunization clinics are held in every city and town in the State with the exception of Providence. Since the Fall of 1934 we have been immunizing both preschool and school children with one injection of Alum Precipitated Toxoid. Upon entering school, all the children are Schick Tested, and those found positive receive Alum Precipitated Toxoid. They are tested one year later, and those found positive receive a second immunizing dose of Alum Precipitated Toxoid. Last Spring we tested 446 preschool children who were immunized four years or more previously with one injection of Alum Precipitated Toxoid, and who one year after immunization were Schick negative.

Four years after immunization, 20 per cent reverted to a positive Schick test.

WHOOPING COUGH IMMUNIZATION

In the Spring of 1936, we began immunizing

groups of indigent children in the densely populated communities, using Sauer's Vaccine. We have checked 1040 children who completed the series of immunizations prior to 1939, 105 of these had a definite history of exposure to Whooping Cough. Of the entire group, 32 cases of whooping cough developed and the majority of these 32 cases were exceedingly mild.

TUBERCULIN SKIN TESTING

In 1936 we established the Tuberculin Skin Testing Program in most of the high schools in the State. The response to this program among the pupils has been very good, but only in very few high schools have the majority of teachers received the test. We are sending the reports of the skin test and also all X-ray reports to the physician designated by the pupil as his family physician. Some physicians have already expressed their appreciation for this added information on their patients.

Since July 1, 1937, this Division has offered to every practising physician in the State the services of a pediatrician or obstetrical consultant to be chosen from a list of qualified pediatricians and obstetricians for any indigent case not in the hospital. At the present time this service is rarely used.

In West Warwick, which is our Demonstration Area, we have recently completed a dental survey of all the children in the public and parochial schools. 3253 children were examined. Of this number, 1569 had never been to a dentist and there were only 266 who were not in need of some dental care. Of the public school children examined, thirty-two have now completed all the necessary dental work.

Division of Preventable Diseases

DR. ROUND:

The next speaker on the program will be Mr. Thomas B. Casey, Administrative Assistant in the Division of Preventable Diseases, who will discuss the work of the division.

DIVISION OF PREVENTABLE DISEASES

THOMAS B. CASEY, *Administrative Assistant*

The activities of the Division of Preventable Diseases may be divided into four general classifications.

1. Venereal disease control program
2. The control of other communicable diseases
3. The supervision of the three district health units
4. The maintenance of a central register of cancer cases

I. Venereal Disease Control

By State law, every case of syphilis, gonorrhea or chancroid that is known to any physician, hospital or other institution is reportable to the State Department of Health through the Division of Preventable Diseases. A master file of all reported cases is maintained. Information tabulated from these reports is used for statistical studies concerning the prevalence of the venereal diseases in Rhode Island. Cases may be reported either by name, number or initial. All information in connection with reported cases must be kept confidential. A full-time medical investigator is employed by the Division to conduct the epidemiological phase of the venereal disease control program. In every case reported to be in an early or infectious stage, an effort is made to discover the identity of the source of infection and any other recent sexual contacts that the patient may have had. We earnestly solicit the cooperation of all private physicians in a sincere effort to discover the source of infection of their patients and to include this information with the case report. It should be pointed out to the patient at the time of questioning that all information he may give will be held in the strictest confidence; that neither his name nor the physician's name will be mentioned in any subsequent investigation conducted by the State Health Department. The success of this phase of our program is demonstrated by the following figures.

In 1933 7 alleged sources were investigated and none were found to be positive.

In 1934 19 alleged sources were investigated, 2 of whom were positive.

In 1935 17 alleged sources were investigated, 4 of whom were positive.

In 1936 86 alleged sources were investigated, 42 of whom were positive.

In 1937 191 alleged sources were investigated, 55 of whom were positive.

In 1938 180 alleged sources were investigated, 62 of whom were positive.

Most of these discovered sources were unaware of their infections and were potential disseminators of disease.

The Division supervises and cooperates with six treatment clinics located in general hospitals throughout the state. Indigent patients are treated free of charge in all of these clinics. The Division has supplied free antiluetic drugs to these clinics over a long span of years.

In 1937, with the advent of a Federal grant for venereal disease control, the Division began to supply antiluetic drugs to private physicians for the treatment of any reported cases. Many physicians have taken advantage of this distribution of drugs. It is hoped that physicians may be able to somewhat reduce their office fees for the treatment of syphilis, so that a certain group of patients, now attending hospital clinics, may find themselves financially able to place themselves under the care of a private physician. I wish to emphasize that any registered physician may secure these drugs for the treatment of a reported case by merely calling at the offices of the State Health Department. Any venereal disease patient who lapses in treatment should be reported to this Division for follow-up.

II. Other Communicable Diseases

The Division of Preventable Diseases receives weekly reports of communicable diseases from local health officers and tabulates morbidity rates for the various diseases throughout the state. The state epidemiologist assists district and local health officers and private physicians in investigations of a communicable disease whenever called upon. He is available at all times to local health departments and physicians for consultation and advice.

A master file of all reported cases of tuberculosis is maintained and statistical reports of the prevalence of this disease are made and published.

III. District Health Units

The Division of Preventable Diseases assists the Director of Health in the supervision and administration of the three district health units. These were established July 1, 1936, through financial

assistance received from the U. S. Public Health Service under provisions of the Social Security Act. Unit headquarters are located in Peacedale, Bristol and Woonsocket. The staff of each unit consists of a district health officer, assisted by public health sanitarians and public health nurses. These units assist and cooperate with the established official and voluntary health agencies in their areas. They are, in effect, branch offices of the State Health Department. It should be emphasized that these units do not engage in the practice of medicine, nor are they intended to replace any other health or welfare workers. It is the function of the health units to increase the value to the community of the services already being rendered, and to make more directly available to the rural areas of the state, the services of the State Department of Health. They serve a purely public health function which may be defined as "the prevention of disease, the prolongation of life and the promotion of physical efficiency, through organized community effort."

IV. *Central Cancer Register*

It is proposed in the very near future to establish within the Division of Preventable Diseases a register of all cancer cases in Rhode Island, through the cooperation of the state and local medical societies and the several hospitals of the state. We hope at the beginning to carry this register of cases back for five years, so that we will be able to start with a sufficient number of cases to make available worthwhile statistical data. At some time in the future, when sufficient funds may be available, it is expected that this small beginning may be enlarged into a broad division of statistical cancer research.

State Sanatorium

DR. ROUND:

The reorganization act of 1939 transferred to the Department of Health the State tuberculosis sanatorium at Wallum Lake. A new hospital building, at the cost of \$1,000,000.00, has recently been added to the physical equipment of the institution. To those of you who have not seen the new hospital, and I assume that that includes most of you, I want to say that a visit to this institution will be well worth your while. While much remains to be done to modernize the institution in all of its appointments, nevertheless the facilities for treatment which that institution now possesses are the equal of any institution in the country.

STATE SANATORIUM

U. E. ZAMBARANO, M.D.

*Superintendent of the Rhode Island State Sanatorium,
Wallum Lake, Rhode Island*

The Rhode Island State Sanatorium is situated in the northwest corner of the State in the Town of Burrillville, about twenty-five miles from Providence. It was opened for the cure of the tuberculous in November, 1905, with a capacity of one hundred and ten beds. Present available bed capacity is 574. The adult beds are completely filled and we have a small waiting list. Another building, completed in 1938, we plan to furnish and open during the coming year. It will be used to house adolescent boys and girls with adult type tuberculosis and will have a capacity of thirty-four beds. This will bring the whole capacity to 608 beds.

The Sanatorium was formerly under the Department of Public Welfare but now operates under the Department of Health. The medical staff consists of a superintendent, twelve resident physicians, one interne and one full-time dentist. One member of the resident staff does bronchoscopy, another does all of the anesthesia for the surgical cases.

During the fiscal year ending June 30, 1939, 378 new patients were admitted as compared to 336 for the previous year. Of this group: 52 cases had minimal tuberculosis, 108 cases had moderately advanced tuberculosis, 151 cases had far advanced tuberculosis, 16 cases had extrapulmonary tuberculosis, 32 cases had deferred diagnoses, 19 cases had no tuberculous disease. Almost half of the new admissions are in the far advanced stages of the disease and only slightly more than one-seventh are in the early or minimal stage.

Artificial pneumothorax continues to be one of the principal forms of collapse therapy practiced at Wallum Lake. During the year 21,393 refills were given to 282 patients. All chest surgery is done in the Sanatorium. A total of 147 operations were performed during the past year. These included extrapleural thoracoplasty, closed intrapleural pneumolysis, extrapleural pneumothorax, crushing of the phrenic nerve, subtotal scapulectomy, thoracoscopy, closed drainage and intercostal neurectomy, rib resection and closed drainage for empyema and subtotal excision of chest wall.

In the Physiotherapy Department 17,239 treatments were given. These include air-cooled and water-cooled ultraviolet lamp, infrared lamp and diathermy.

We are also equipped to do electrocardiography and basal metabolism. Close to 5000 X-rays of the chest were made during the past year in the Sanatorium; 792 cases were referred for X-ray by private physicians and 440 X-ray chest studies were made at Kingston College. In the tuberculosis clinics throughout the State, staffed by sanatorium physicians, 713 X-rays were taken. The total patient attendance at these clinics was 2750.

Up to October 30, 1939, 79.6% of our patients were receiving free treatment. The highest amount which any patient pays is \$10.00 per week. The lowest is \$1.00 per week.

Patients discharged from the Sanatorium are often unable to return to their former jobs; many break down because they have no alternative. A system, therefore, of vocational rehabilitation should be established in the Sanatorium so that the patient may be retrained and re-educated before his discharge.

It is our desire to cooperate with the practicing physician in every way possible. It is with this spirit of cooperation that I invite you to visit the Sanatorium and examine our facilities. We shall appreciate your suggestions and help in improving our work.

Division of Life Saving

DR. ROUND:

The Department of Health has one division which probably is not duplicated by any other state health department in the Union. That is a division of life saving. Undoubtedly, most of you will immediately ask "Why should a department of health concern itself with the protection of bathers against drowning at our beaches?" We can but answer this question in the good old and approved Yankee fashion by asking "Why not?" After all, is not life saving the fundamental reason for the existence of a health department? A life saved is a life saved and from the point of view of the state it matters not a whit whether we have protected the person from accidental infection with a communicable disease or protect him from succumbing to an accidental drowning.

While I fully appreciate the fallacy of the argument, nevertheless, the protection of life at the beaches is an obligation of no small importance imposed upon society. The appropriation bill for the department of health for the present fiscal year carried an item for this purpose. The department,

therefore, was obligated to perform this function. The hurricane of September 1938, had so changed the contour and currents at many of the beaches that the hazards to bathing had been tremendously increased. This in turn increased our problem to the same degree in attempting to protect the lives of those who frequented these beaches. That the work was well done and justified the confidence which the legislature placed in the department when it made this obligation a responsibility of the health department, is attested by the fact that in spite of the handicaps placed upon us by the hurricane, the division produced an enviable record, as the next paper will show.

While between twenty and thirty men were employed in the program and each did his share in establishing this record, nevertheless, the man primarily responsible for the efficiency of this work was William B. Bradshaw, son of Dr. A. B. Bradshaw, a member of this society. I now present Mr. Bradshaw, who will tell you about his work as Chief of the Division of Life Saving.

DIVISION OF LIFE SAVING

WILLIAM B. BRADSHAW, *Chief of the Division*

During the month of June last year in conference with Dr. Round a life saving program for the summer months was developed. The immediate problem was to make sure that the devastated South Shore beaches be adequately protected. This was accomplished by placing life guards employed by the Department at strategic points along the shore line where there were no bath houses operating, but where many hundreds of people bathed daily.

In June an inspection was made to ascertain whether the bath houses operating on Rhode Island's beaches had complied with the requirements that a qualified life guard be in attendance when the bath house was open to the public. Where unqualified men were found, the bath house proprietors cooperated whole-heartedly with the State Department, immediately hiring a qualified man whom they could depend upon in cases of emergency. To meet the standard set by the Department of Health the life guard must show demonstrated ability to handle himself and to rescue others in distress under the most adverse condi-

tions. He must know how to break the various drowning grips, be able to tow a victim to shore, and know how to administer first aid. He must also be able to handle life saving apparatus and a life saving dory in surf, and above all he must be well trained in the application of artificial resuscitation.

During the 1939 bathing season eighteen drownings occurred. Compared to the thirty-seven drownings during the same period for the previous season, this shows a reduction of more than 50 per cent. The eighteen drownings in 1939 is the smallest number of deaths from this cause in the State of Rhode Island in the past twenty years. Not a single drowning occurred at any beach protected by the twenty-five or more life guards working directly under the supervision of the Department of Health.

Last summer our efforts were concentrated particularly on those seashore beaches where large numbers of people bathe. Every fresh water pond and stream, however, contributes its own hazards also. In order to establish the points of potential danger, every place where people bathe is now being spotted on enlarged maps of all cities and towns. To develop an adequate life saving program every bathing site so far as possible must be protected. Where there is a bath house the problem is simple, for the Department of Health requires that the operator of a bath house employ a qualified life guard. The problem is to protect those sites where large numbers of people bathe, but where there are no bath houses. In some cases these places are protected by volunteer life saving units, by Sea Scouts, or by units working under the Red Cross or under S. U. R. life saving projects. The development of such units receives our hearty support and the Department offers all the help and encouragement possible in the organization of such units. At large beaches where the surf is dangerous the Department of Health has assumed this responsibility until a bath house is built or until the local community is in position to assume this obligation.

Next June a Civil Service life guard examination is to be conducted for life guard positions on the State beaches. The private bath house proprietors will be requested to cooperate and have their applicants for life guard positions take this Civil Service Examination, or select their life guards from the Civil Service Roll.

Since approximately 75% of the drownings of a given season occur on Sundays, an attempt will be made during the summer season of 1940 to further reduce the loss of life through drowning by hiring, at the beginning of the season, auxiliary life guards for Saturdays, Sundays and holidays, for the whole season, thereby assuring ourselves that certain dangerous locations will be adequately protected, rain or shine. In this way we will double, and in some cases triple, the protection afforded at the big ocean front beaches, which we hope will enable us to better last year's record.

Division of Foods and Drugs

DR. ROUND:

Another function of the Department is the enforcement of the law relating to adulteration and misbranding of foods and drugs. Directly or indirectly, the provisions of this law reach into every home and affects every man, woman and child in the state every day in the year. The fundamental purpose of the law is to protect every one against people who misbrand, misrepresent and falsely advertise their articles in order that they may profit at your expense. Another purpose is to protect the unwary public against the purchase of foods unfit for consumption. In a sense it is a law to enforce honesty in the preparation, sale and advertising of foods and drugs. The average person has no conception of the manner or extent of such chiselling by unscrupulous purveyors. It is only by constant vigilance by federal agents and by state and local authorities that such violations are kept at a reasonable minimum. If time allowed Mr. Hopkins, inspector of food and drugs, could use all our allotted time telling you about the methods used in misrepresentations, misbranding and adulterations, and how the same is detected and the cases prosecuted or otherwise disposed of.

The hurricane of September 1938 damaged enormous quantities of foodstuffs in the downtown area. The responsibility for the destruction or salvaging of this food fell on the Department of Health. Mr. Hopkins worked three days and three nights without sleep and condemned and destroyed hundreds of tons of damaged foods and drugs. A considerable portion, however, was salvaged. The work was done so effectively that not a single case of sickness, as far as known, was caused by contaminated or spoiled food.

Division of Examiners

DR. ROUND:

What shall we say about the Division of Examiners? This division occupies a room and a half of our Department's forty-two rooms on the third floor of the State Office Building. Its staff consists of four full-time employees, a chief, and two clerks, and an investigator and thirty-five part-time employees, members of the eleven examining boards attached to this Division. Sometimes I have thought that the activities of this Division are so varied and numerous that a discussion of it should either be omitted entirely or that I should spend the entire evening telling you about the very interesting and intimately revealing situations that occur in this Division. There are more headaches packed into this Division than probably all the rest of the Department combined. In order to retain his equilibrium the chief of this Division must not only have an intimate knowledge of all the laws and regulations governing the eleven trades and professions within the jurisdiction of this Division but he must also have a strong sense of humor, otherwise he would be a logical candidate for Dr. Ruggles' famous institution. In speaking of these examining boards, here again you might logically inquire why the legal supervision of these trades and professions should come under the Department of Health. A moment's reflection, however, shows that all these trades and professions are concerned directly or indirectly with the health of either certain parts of the human body or the human body as a whole. The Division is made up of the boards of examiners in the following practices, arranged alphabetically but not necessarily in the order of their importance: Barbering, Chiropody, Chiropractic, Dentistry, Hairdressing and Cosmetic Therapy, Funeral Directing and Embalming, Medicine, Midwifery, Nursing, Optometry, Osteopathy, and Pharmacy. Viewed from the point of the educational requirements and length of study necessary for licensure, we find the barbers standing at the foot and the doctors of medicine at the top. Viewed from the point of view of the human body we find at the top the barbers and hairdressers, who apply their trades to the hirsute appendages on the top of our heads and who sometimes work downward. At the other end we find the Chiropodists who remove the callosities from the soles of the feet and corns from the ends

of your toes, with occasional emphasis on ingrown nails and who sometimes work upward. Between these two extremes we find the doctors of medicine, the osteopaths, the nurses and others who work to a greater or less extent upon the body as a whole. And then we find that group of specialists who work upon only certain parts of the body; among whom are numbered the dentists, the optometrists, and the midwives. When, in spite of the best efforts of all of these, or perchance as a result of their worst efforts, this poor and much abused human body finally succumbs, we still have the funeral directors and embalmers ready to apply their professions, when the others have finished.

This Division examines about 500 candidates each year and issues over 11,000 annual renewals in the various trades and professions. Altogether upwards of 15,000 people in these various trades and professions in our State are legally responsible to this Division for the conduct of their work. You may be interested in the number of people licensed to practice some of these trades and professions. There are 2300 barbers, with 1000 shops, the sanitary inspection of which is a function of this Division. There are 2300 nurses who renew their licenses each year and between two and three hundred are added annually. There are upwards of 2000 hairdressers, 535 embalmers, 185 funeral directors, 685 hairdressing establishments and beauty culture shops which are periodically inspected and annually licensed.

Division of Narcotic Drugs and Pharmacies

DR. ROUND:

Did you ever stop to think how dependent everyone is upon a pharmacy and how much confidence you place in the pharmacist when you give him a prescription, possibly one containing one or more powerful drugs, a mistake in the compounding of which may be harmful, possibly fatal? Did you ever stop to consider that there ought to be some competent agency whose duty it would be to inspect the pharmacies and supervise the activities of the pharmacists in the State? The official agency which is charged by law with this duty is the State Department of Health, through its Division of Narcotic Drugs and Pharmacies. Mr. Joseph Cahill, Chief of the Division, will now tell you about the duties of the Division of Pharmacies.

DIVISION OF NARCOTIC DRUGS
AND PHARMACIESJOSEPH J. CAHILL, *Chief of the Division*

The Division of Narcotic Drugs and Pharmacies, under the provisions of the Administrative Code Act of 1935, succeeded to the powers and duties of the former "State Board of Pharmacy," and "State Narcotic Drug Board," except insofar as the duties of the State Board of Pharmacy related to the examination of pharmacists. I will confine this discourse to the activities relating to pharmacy in its relation to the physician.

The Division controls the sale and distribution of drugs, medicines and poisons and conducts the registration of all persons and establishments entitled to deal in such articles. There are approximately 900 registered pharmacists, 200 registered assistant pharmacists and 350 drug stores.

In the control of the sale and distribution of drugs, medicines and poisons, those sold under a name recognized in the United States Pharmacopoeia or National Formulary are restricted to sale by registered pharmacists in licensed pharmacies.

We often see in cosmetic shops, department and variety stores, and the so-called spas, articles which we know are sold under a name recognized in the United States Pharmacopoeia or National Formulary but which have, through accepted common usage, come to be classified as household remedies. The Division, however, sees to it that the latter establishments confine themselves to the sale of ordinary household remedies by keeping the stock offered for sale under surveillance through periodic inspections.

The control of the sale of barbitol and other hypnotic or somnifacient drugs is, however, more stringent, as it restricts the sale of these drugs to the prescriptions of licensed physicians, dentists and veterinarians. Such prescriptions may not be refilled if the physician has so indicated on the face of the prescription. The constant or very frequent refilling of prescriptions for such drugs without the knowledge and consent of the physician is considered a violation of the law.

The policy of the Division is to so interpret the provisions of the law as to cause as little interference as possible with legitimate prescribing and dispensing of hypnotic drugs and at the same time prevent as far as possible their indiscriminate sale

and unlawful use. The good faith of the physician in prescribing and the pharmacist in dispensing such drugs is necessary in order to carry out the purpose of the law.

Prescriptions issued for hypnotic drugs must be executed in the same manner as all other prescriptions with reference to the name and address of the patient, the date of issuance, and the signature of the physician. Copies of such prescriptions may be given by the pharmacist but cannot be refilled.

The law does not apply to any compound, mixture or preparation of a hypnotic drug that is intended to be used as a spray or a gargle or in any other wise for external application only, if such compound or mixture contains in addition to the content of the hypnotic drug some other drug or drugs conferring upon it medicinal qualities other than those possessed by the hypnotic drugs alone. The hypnotics coming within the requirements of the law have been listed and are available to anyone interested by application to the Division of Narcotic Drugs and Pharmacies.

With relation to the issuance of licenses to conduct a pharmacy in this state it is incumbent upon the applicant for such a license to comply with the regulation of the Division relative to the facilities, apparatus and utensils and what constitutes a representative stock of pharmaceuticals, chemicals, drugs and preparations that every drug store must have in order to accurately and efficiently compound United States Pharmacopoeia and National Formulary preparations and to fill ordinary prescriptions as dictated by experience in the community where the pharmacy is located.

The inspector of pharmacies in the Division makes periodic inspections of each pharmacy in the State and makes inspections of non-drug outlets so as to forestall any laxity in the strict compliance with the law.

All complaints of disregard, or non-compliance with or violation of these regulations are investigated by the Division and proper disposition is made thereof.

The Division also regulates the registered personnel of pharmacies insofar as the services of registered pharmacists to the public are concerned. A certificate entitling a registered pharmacist to practice is issued for use in a specific pharmacy only, and he is required to practice his profession

in that pharmacy until such time as he has applied for a transfer to another location. In this way the Division knows whether or not a pharmacy is properly attended by qualified personnel and also assures the public patronizing any store advertised as a drug store or pharmacy that it is operated in a manner conducive to the best interests of the public health.

DR. ROUND:

Mr. George E. Trainor, narcotic inspector, will present the narcotic work of the division, so far as it bears on the relationship between physician, druggist and patient:

ILLEGAL NARCOTIC PRESCRIPTIONS

GEORGE E. TRAINOR, *Narcotic Inspector*
Division of Narcotic Drugs and Pharmacies

In the course of an investigation made sometime ago by the Division of Narcotic Drugs and Pharmacies, it was necessary to inspect the prescription files of various drug stores. In the files examined were found a great many narcotic prescriptions which were grossly irregular in their execution by the practitioner. While none of these indicated any intent to evade the law, they are violations which are subject to severe penalties under the Federal and State Narcotic Acts.

Among the irregularities found were: prescriptions written out in pencil; prescriptions dated ahead, as far as one week; prescriptions which did not indicate the name or address of the patient and where a name was indicated it was that of the surname only. I found prescriptions written on scrap pad paper with the doctor's signature thereon but without his official registry number; on prescriptions for patients under treatment for an incurable disease there was no diagnosis on the face thereof, nor the alternate endorsement required by Exception 1, Article 85, of the Federal Harrison Act. Three prescriptions in particular were executed entirely by the druggist, even so far as to sign the physician's name pursuant to a telephone call from the physician to provide the patient with the necessary narcotic drug. This particular case was found to be bona-fide, the patient having re-

ceived the drugs for legal therapeutic use, the irregularity being solely in the manner of execution of the prescription by the practitioner.

Subsequent investigation into the disposition of the drugs dispensed on these prescriptions revealed that some of the patients suffering from incurable diseases had not been examined at regular intervals by their physician, but had been receiving prescriptions for narcotic drugs for the treatment thereof. This, while not having to do directly with the manner of execution of narcotic prescriptions, is in itself a violation and due to the fact that no examination was made at the time of the issuance of such narcotic prescriptions, rendered the prescription illegal.

The duty of properly preparing prescriptions rests solely upon the practitioner and he violates the law if he fails to indicate the information required. All prescriptions for drugs must be dated as of and signed on the day when issued, and must bear the full name and address of the patient and the name, address and registry number of the practitioner. The prescription should be written in ink or indelible pencil or typewritten; if typewritten it must be signed by the physician.

A prescription must be executed in the manner provided by law and issued in the course of the practitioner's professional practice only. An order purported to be a prescription which has been issued to a patient who has not been examined or a prescription lacking the information required is not a prescription within the meaning and intent of the law, and a person filling and receiving drugs under such an order, as well as the person issuing it, may be regarded as guilty of a violation.

The State Uniform Narcotic Drug Act specifically prohibits the prescribing of a narcotic drug except after a physical examination of the person for whom the drug is intended. The Federal Harrison Act restricts the prescribing of narcotic drugs to a physician directly in charge of a bona-fide patient. Therefore, a physician who writes for narcotic drugs in the treatment of an incurable case, without the examination required in the course of his professional practice, has issued an illegal narcotic prescription.

I am sure that you can readily understand the gross irregularities in the prescriptions which I have mentioned. Where a prescription is written in pencil it is quite easy to alter the strength, or the

amount of narcotic drug prescribed. Where prescriptions are dated ahead, a violation occurs as the doctor is in no position to know just how much narcotic drug is required in the treatment of a case a week or ten days after he has written the prescription, and is by no means in accord with the regulations requiring the personal attendance of the physician and the regulation of proper dosage. Where no name or address of a patient is given there is no record of who has received the drug nor how long or often he has been receiving it. In the absence of the doctor's narcotic registry number the pharmacist has no way of ascertaining whether or not that particular physician is legally entitled to prescribe narcotic drugs. Diagnosis should be indicated on the face of prescriptions for incurable patients so that the pharmacist and the authorities will know that that prescription has been issued for use by a patient suffering from an incurable disease, and not for the purpose of providing drugs to an addict.

A physician requiring a narcotic drug in an emergency, who telephones for the drug and allows the pharmacist to execute a prescription therefor, is placing himself in a very serious position insofar as the possibility of like prescriptions being executed when he has not so authorized. If at any time a physician requires drugs in an emergency he should telephone to the pharmacist who may deliver those drugs through an employee, provided the employee is supplied with a properly prepared prescription before he makes delivery to the patient or the physician.

Therefore, we strongly urge you to give the execution of narcotic prescriptions particular attention so that you may avoid being imposed upon by unscrupulous persons and that the pharmacist, the patient and yourself may be insured against any inconvenience resulting from the investigation of prescriptions inadvertently issued in an illegal manner.

DR. ROUND:

Mr. Trainor has avoided speaking of the most interesting part of his work. For that reason I shall attempt to bring out a few facts regarding our work in the suppression of the illicit traffic in Narcotic Drugs.

Narcotic Drugs

We read in the papers occasionally that Federal Narcotic Agents have smashed an illicit narcotic

drug ring and sent the leaders away for a protracted vacation. The profits in illicit drug traffic must be enormous, otherwise new drug rings would not arise to replace those which have been put out of business. The Federal government spent \$1,276,000.00 last year in its campaign against the illicit traffic in drugs and considers this sum entirely inadequate for its purpose.

Rhode Island has its own problems in attempting to suppress this traffic. In 1929 conditions were so bad that a legislative committee was appointed to inquire into and make recommendations regarding the suppression of the traffic. This committee later became the Narcotic Drug Board, which immediately took steps to enforce the newly enacted laws for suppression of this traffic.

As its investigator, the Board engaged the services of Mr. George E. Trainor, a man with police training and experience. After six years of intensive work Mr. Trainor was relieved of his duties in 1935 following the reorganization of the State government, but he left behind him an enviable record of accomplishment.

As a result of his work the sale of narcotic drugs was almost completely suppressed and conditions in Rhode Island were recognized as among the best of any state in the Union.

Unfortunately, the past four years has seen a reversal of form and Providence again became a "boom town" for the sale of narcotic drugs.

Last summer an addict told me that conditions were the worst they had been in forty years. He named the different corners on Westminster and Weybosset Streets where drugs could be bought, the days the vendors were available and the cost. Providence, he said, was a "wide open" town. Statements of two other people of high standing, not addicts, but persons who were familiar with the traffic, confirmed the addict's story. And this applies only to Providence.

A successful narcotic agent must have certain particular abilities and characteristics and plenty of them. He must be a competent trained detective with plenty of persistence and the patience of Job. He is dealing with desperate characters many of whom would not hesitate an instant to "bump him off," if the occasion arose. At times he may find himself in a tight spot which requires plenty of courage and a cool head. He must know just how far he can go without too great risk. But above all he must never give up.

Traffic in narcotics is laid out on the lines of big business: the producer, the jobber, the wholesaler, the retailer and the ultimate consumer, the addict. It is of no avail to arrest the addict for the retailer keeps on selling. It is not of much value to arrest a retailer, for in a well developed organization, other retailers can be easily found. If, however, a wholesaler is caught, the supply is immediately cut off to a considerable number of retailers and a large number of addicts. The addicts need not be sought. As soon as their immediate supply of the drug is exhausted they will come immediately to the enforcement officer.

Mr. Trainor returned to his former position as narcotic inspector last August, after an absence of about four years and three months. To date he has brought four wholesalers before the courts and they are now out of circulation for a considerable period. The last case against one "Christie"—you may remember reading about recently. At the time of arrest the drugs were found sewed into the upholstery of a chair. Christie has spent ten of the past seventeen years in Federal prisons. He is now away for two years and upon his release is eligible for another indictment, which will, undoubtedly, mean another two or three year vacation.

There is a rather widespread feeling that an addict cannot be rehabilitated. Mr. Trainor tells me that is not so. Records in our department show that a number of addicts have been successfully treated and cured. Such results cannot be accomplished without first shutting off the sources of supply, closing houses of prostitution, and dispersing gangs with which addicts were formerly associated. I am pleased to report that the police throughout the State have cooperated enthusiastically with Mr. Trainor in his work. I am also informed that Rhode Island is doing more to rehabilitate addicts and meeting with better success than any other state in the Union.

Toxicology

Soon after my return from Washington to Rhode Island in 1918 to accept the position of Pathologist and Bacteriologist to the former State Board of Health, one of our local police departments requested my assistance in helping to establish, by laboratory aid, a necessary connecting link in the chain of evidence in a somewhat heinous and revolting crime. By the application of very exact laboratory procedures, this connecting link was

established, and the police were able to successfully prosecute the case. Knowledge of the aid our laboratory had given in this case soon spread through all police departments, and requests for similar aid to other police departments were made. Undoubtedly, the reason why the police departments turned to our laboratories for this assistance was due to the fact that our laboratories were better equipped than were the laboratories of any other state agency and possessed employees who were trained in the fundamentals of such scientific investigations.

During the following ten years, the number of requests for aid from police departments and medical examiners continued to increase, and the scope of work broadened. During these ten years the work was confined to microscopic, bacteriological, pathological and serological examinations, serology being used for the detection of human blood. During this period I personally carried out all these investigations. But in 1928 the demand for assistance in the detection of toxic substances in the cases of suspected poisoning became so urgent that a Toxicologist was added to the Department. The work of the Toxicologist has continued to grow and expand until at the present time, our Laboratory of Toxicology and Police Science has become a small but veritable F.B.I., and is giving aid to law enforcement officers in from 150 to 200 cases annually.

Undoubtedly, one would be justified in asking why work of this nature should be carried on in a Department of Health. As stated above, one reason is that the Department, at the present time, has more and better equipment to handle this work than has any other State Department. In addition, it has a sizeable corps of chemists, bacteriologists, engineers, physicians and other scientifically trained men who can be called upon without cost to offer valuable aid and assistance. The result is that this work is carried on at a cost probably not more than 15 or 20% of what it would cost if laboratories for this purpose were established in any other Department.

In charge of this branch of the work we are very fortunate in having a man well trained in the fundamentals of bacteriology, chemistry, physics and police science, and whose work in this field is recognized far beyond the borders of our State. I shall now introduce Mr. Wallace Bohrer, toxicologist to the Department, who will discuss briefly this branch of the Department's work.

THE TOXICOLOGY LABORATORY

C. W. BOHRER

Toxicologist and Assistant Chief of the Division

The Toxicology Laboratory makes use of those contributions of the sciences of chemistry, biology and physics which have application to the detection of crime or the criminal, and uses them to aid the various law-enforcing agencies throughout the State.

During the year 1939, 166 cases passed through the laboratory. Five of these cases were homicides, two by blunt instruments, one each by poison, shooting, and an axe. These involved stain and dust analysis, hair and fibre comparisons, clothing examination, weapon examination, fingernail scraping examination, powder residue tests, toxicological and pathological examination.

There were twelve cases in which human autopsy tissue was submitted for toxicological analysis. Positive findings were obtained in eight of these. Five were carbon monoxide, two were cyanide of potassium, cyanide potash and one arsenic.

There were twelve examinations of powders for narcotics. In three cases heroin was found, in three other cases morphine was found.

Thirty-three human brains were analyzed for alcohol to determine intoxication at the time of death. Nineteen showed sufficient alcohol to indicate that their owners were intoxicated, eleven were negative, three showed presence of alcohol in quantity insufficient to be considered intoxicated. These figures are based on the quantitative determination of alcohol in the brain tissue. The quantity present in the brain determines the condition of the individual. Thus after the imbibition of alcohol, the quantity of alcohol in the brain ranges from 0.005% to 0.6%; .005-0.1, no physiological disturbances; 0.1-0.2, light intoxication; 0.2-0.4, marked intoxication; 0.4-0.6, collapse, coma, death. We have conducted a series of experiments which tend to indicate that at any moment the alcoholic content of the saliva and of the blood is an index of the alcoholic content of the brain.

Two guns were submitted with their serial numbers obliterated by filing. In both cases the numbers were restored by laboratory methods.

Five cases occurred where writing of important context on paper had been obliterated. The laboratory was able to restore it successfully in each case. The use of ultra-violet and infra-red photography makes it possible to read writing which

has been covered over by layers of foreign material such as paint or tar. It also makes possible the restoration of obliterated identification marks and erased writings.

Three explosions occurred; in each case the laboratory was able to determine the nature and cause of the explosion.

Burned debris was submitted in ten questionable fires. In four of these cases flammable petroleum products were isolated from the debris.

Samples of whiskey, wine, beer, and "shine" seized in fifteen raids by the Liquor Squad were analyzed in this laboratory. These are analyzed to show "intoxicating beverage" seized in illegitimate sale.

There were also examined in this laboratory 715 samples of urine or saliva from the race horses at Narragansett for the presence of dope. Two positives were found. This is consistent with the national average of 0.3%.

In nearly every case involving the discharge of a firearm, a nitrate test is performed on the hands of all suspected, both living and dead. In this test one removes, by means of a wax cast, the powder particles which are thrown back onto the hand during the discharge of a firearm. One then applies the test reagent to the wax cast and looks for positive reactions. During the past year eleven cases involving the use of firearms were submitted to the laboratory. In nine cases positive results were obtained.

Another test makes visible the powder pattern produced on cloth by the discharge of a firearm. This test makes possible the determination within limits of the distance away from a body a gun was held at the time of discharge.

The rest of the cases had to do with the examination of clothing submitted in rape cases, general toxicological analysis, the examination of hit and run automobiles for blood, hair, and fibers, latent fingerprint development, moulage, and identification of the dead.

In one case a truck carrying several bolts of expensive cloth was boarded from the rear by a man who tossed several of the bolts into the street. He then jumped from the truck, picked up the bolts of cloth, and placed them in a car which was following him. Several hours later a suspected car was picked up by the police. The car was given a vacuum cleaning and the dust was examined microscopically. In the dust was found a number of fibers which were similar to the fibres in the outer

wrapper of the stolen bolts of cloth. This evidence along with other evidence presented in court, brought about a conviction in this case.

In another case a plate-glass window was broken with malicious intent. Several suspects were picked up by the police. Dust samples were taken from the trouser cuffs of each suspect. All samples showed the presence of particles of glass but in only one instance were all the physical properties of the glass found in the trouser cuffs similar to the glass from the plate-glass window which had been broken. The suspect was informed of this finding and a confession was obtained.

The Toxicology Laboratory has existed in the Health Department since 1928. Prior to that time various law-enforcing agents sought scientific aid in their problems from the State Health Laboratories. The work has increased nearly twenty fold in volume since the establishment of the Toxicology Laboratory, and its scope has been broadened by a constant effort to keep informed on new developments.

DR. ROUND:

Work in crime detection has a tremendous fascination for everyone. Most of us thoroughly enjoy reading detective stories. Our interest, however, becomes much keener if we are engaged in the work itself. Every case has certain angles of its own which tends to keep our interest lively. However, pressure of work, even in crime detection which keeps a person on call twenty-four hours a day, and which often calls a man out at five o'clock in the morning and keeps him busy until three or four the following morning, serves to satiate one's interest and enthusiasm in this field.

Some time ago, following a period of several weeks of very intense activity, Mr. Bohrer, with a slight degree of petulance was enumerating the number and kinds of cases that had recently been submitted, and mentioned the various and varied assortment of materials submitted for examination. He had had the brain from one person and a complete set of the essential human organs of two other cases; he had received a hat, overcoat, suit and shoes from one man and a shirt, tie and underclothing from another; he had received two complete wardrobes of feminine wearing apparel, and when I say "complete," I mean that no essential garment of a well dressed woman was omitted; also the clothing from a half-grown child and from a baby; he had received a varied assortment of auto-

motive parts including seat cushions, rubber mats, running board, and other pieces of automotive equipment; he had also received a fairly complete set of cooking utensils and other kitchen equipment, including parts of a gas stove. Received also was a wagon load of partly burned bedding, sheets, blankets, parts of a mattress, pieces of furniture, and a section of flooring in a case of suspected arson. To this had been added, several lots of drugs for the detection of narcotics, and several pieces of boards, shingles, etc., from the out-buildings of a farm, and a number of other things which time will not allow us to mention. With an atmosphere of resignation and somewhat facetiously, he stated that he had received in the course of the past year practically everything of human interest except the door of a famous institution. Believe it or not, within a few days, a big burly cop came in to the Laboratory lugging the very thing which Mr. Bohrer had claimed his collection lacked, namely: the front door to that well known American institution made famous by that celebrated humorist, Chick Sale, in his "Specialist."

Division of Sanitary Engineering

DR. ROUND:

The Division of Sanitary Engineering is a newly created division and contains a multiplicity of functions, only a comparatively few of which can be presented. In the absence of Mr. Pool, the Chief of this Division, Mr. Hammann, the engineer in charge of the section on Sanitation, will present an outline of the sanitary work of the division. He will be followed by Dr. Deery, who will present a few features of our industrial hygiene program.

DIVISION OF SANITARY ENGINEERING

Prepared by

W. J. SHEA, *Water and Milk Section*

E. C. JOHNSON, *Sewage and Shell Fish Section*

C. G. HAMMANN, *Sanitary Inspection Section*

The Division of Sanitary Engineering is essentially concerned with environmental sanitation. The division has been subdivided into four sections:

Water and Milk,
Sewerage and Shellfish,
Sanitary Inspection,
Industrial Sanitation.

The combined personnel of these sections consists of a division chief; four engineers, each of

whom has charge of a section; one industrial hygienist; two sanitary bacteriologists; two chemists; one milk inspector; two meat inspectors; three sanitary inspectors; one investigator assigned to the prevention of oil pollution; two laboratory assistants and three clerks; a total of twenty-two employees. The part time services of five sanitarians attached to the district health units also are available to the division.

The activities relating to Industrial Sanitation will not be included in this discussion but will be presented by another speaker.

Water and Milk Section

The functions of the Water and Milk Section include the inspection and supervision of public and private water supplies, swimming and wading pools, inland bathing places and the supervision and control of milk from the time it leaves the farm until it is delivered to the consumer.

Of major importance is the supervision of the fifty-eight public water supplies in the state. This activity entails inspection of catchment areas; inspection of water works and purification plants; regular sampling and examination of untreated water, water during treatment and water after treatment is completed.

An ever-growing service offered by this section is the inspection of private water supplies which includes a sanitary survey, chemical and bacteriological examinations, and recommendations as to desirable improvements.

The third phase of water control is the sanitation of bathing places including swimming and wading pools, and natural bathing areas. Semi-monthly inspection of equipment and methods of operation and examination of samples insure safe operation of pools. Periodic examination of inland waters are made as frequently as possible.

Milk, one of our most important foods, is an excellent medium for pathogenic organisms. Since every person is a potential consumer it is quite apparent that the supply must be safeguarded in every possible manner. To this end a comprehensive program has been undertaken by the Water and Milk Section.

Rigid supervision of pasteurization and bottling plants, equipment, methods and operators is maintained. Particular emphasis is placed at the present time upon the licensing and efficient operation of pasteurization plants. Out of a total of one hundred

and eighty-six plants in the state, eighty-eight are inspected by the milk inspector of this section. Through cooperative arrangements, pasteurization plants in Providence, Cranston and Newport are inspected by employees of the respective health departments of these cities. Further coordination of activities with state and local agencies has been undertaken wherever possible that more effective results might be achieved. With the cooperation of the sanitarians of the district health units and the inspectors of the Sanitary Inspection Section a detailed schedule of milk sampling from delivery vehicles and public schools also has been developed. Approximately three hundred samples are examined monthly in an effort to maintain in some instances and improve in others the butter fat, solid content and bacteriological quality of the product.

Supplementary epidemiological investigations are carried on in an effort to prevent undulant fever and to control milk from cattle infected with Bangs disease.

Sewerage and Shellfish Section

The Sewerage and Shellfish Section conducts the inspection and control work required by the provisions of the law relating to shellfish sanitation and pollution of the waters of the state.

Since shellfish is an excellent source of nourishment it is important that we encourage its use as a principal item of diet. However, originating in the shoal waters of our heavily populated coastal areas and being consumed raw in many instances it may become the mode of transmission of water-borne diseases. In view of this possibility one of the most comprehensive systems of sanitary control in relation to foods has been developed between the various states and the United States Public Health Service.

Shellfish sanitation comprises five interrelated phases of activity: establishment of regulations, surveys of shellfish grounds, routine inspections and special investigations, issuance of certificates and permits, and prosecution of violations.

The establishment of regulations relative to the sanitary handling of shellfish and maintenance of shellfish opening and packing houses in a sanitary condition is authorized by state law. The regulations specify the types of certificates which may be issued to shellfish dealers and shippers, the various requirements for growing, gathering and storage of shellfish, the type of plant construction and equipment, and the proper methods of operation

and shipping. For economic reasons the distribution of shellfish by shipment to consumers in other states is vital to the Rhode Island shellfish growers and dealers, and to the free fishermen as well. However, in order that such interstate shipments may not be prohibited by health authorities in the receiving states, it is necessary that our regulations and control measures be endorsed by the United States Public Health Service. Endorsement of State shellfish control measures and certification of shippers in interstate commerce by this federal agency is based upon the existence of State regulations not less in their requirements than those set forth in the United States Minimum Requirements, and upon the adequacy and efficiency of State machinery for the enforcement of such regulations.

Sanitary surveys of shellfish grounds include determination of sources of pollution, particularly sewerage discharges, and the tendency of wind and tides to carry such pollution to the growing areas. The overlying waters also are examined to determine the concentration of bacterial contamination. The taking of shellfish for market purposes is prohibited in areas not sufficiently removed from sources of pollution to meet the standard for shellfish growing waters.

Frequent inspection of shellfish houses, plant equipment and methods of operation is an important phase of the program of control. While most of the growers and dealers comply with the regulations and on their own initiative are continuously striving to improve sanitary conditions and produce a better product, a few attempt to evade compliance with the requirements. Such individuals of course can only be controlled by invoking the penalties provided by law.

Certain general facts relative to this industry may be of interest in passing. Shellfish, transplanted from moderately polluted waters, will cleanse themselves rapidly if placed in clean waters at a temperature of fifty degrees Fahrenheit or higher. Chemical cleansing of shellfish by means of controlled chlorination also is a relatively simple process. These methods will undoubtedly be a means of developing thousands of dollars worth of resources in the near future. At the present time the shellfish industry represents a two million dollar yearly business in Rhode Island and should be protected and developed as one of our few natural resources.

Sanitary Inspection Section

One of the most diversified programs in the division is that of the Sanitary Inspection Section. Nuisance abatement, camp sanitation, slaughtering of animals, and food and beverage sanitation are included in the activities of this unit.

Nuisance abatement, ranging in scope from overflowing cesspools to dead mice in pantry partitions, is more or less spasmodic and is considered as the occasion arises.

Camp sanitation is largely seasonal and includes the supervision of organization, tourist and trailer camps; and bathing and amusement resorts. With the advent of the trailer and the increasing number of tourist cabins this problem is increasing proportionately but remains for the greatest part a routine matter.

The slaughtering industry in Rhode Island is a great deal larger than many people realize. Approximately two thousand animals are killed and dressed each month for local retail outlets. A relatively small amount is found to be unfit for human consumption but, because of the nature of the product, rigid supervision is required. Every carcass is examined and, if found to be satisfactory, passed. Carcasses or parts of carcasses found to be unsound, unhealthful, unwholesome, or otherwise unfit are condemned and destroyed.

Buildings used as abattoirs must comply with certain minimum requirements specified by law. Such items as impervious floors and walls, adequate drainage and waste disposal, hot and cold running water, and suitable refrigeration are required. Methods of operation are also supervised by meat inspectors to prevent the contamination of meat being slaughtered or dressed.

Investigations relative to sources and elimination of "bootleg" meat complete the activities in this phase of work.

The sanitary control of food and beverage dispensing establishments and manufactories is the greatest activity of the section. A total of some six thousand establishments including restaurants, liquor licensees, soft drink dispensaries, stores, bakeries, ice cream plants, candy factories and canneries are inspected on an average of twice each year. Items of general sanitary significance are checked and corrected where necessary. These include surroundings, screening, lighting, ventilation, furnishings, food storage, refuse disposal, water supply, toilet facilities and utensil washing.

It should be noted that three distinct operations are involved in cleansing utensils; first, washing in strong soap and hot water, second, thorough rinsing in clean hot water and third, sterilization by means approved by the department of health. The methods of sterilization approved by the department have been adopted in the form of regulations. The approved methods are:

(1) Rinsing, spraying or immersion of utensils in clean water of not less than two hundred (200° F.) degrees Fahrenheit for thirty seconds or

(2) Rinsing, spraying or immersion of utensils in clean water of not less than one hundred seventy-five (175° F.) degrees Fahrenheit for one minute, or

(3) Exposure of utensils to live steam in an enclosed compartment for five minutes.

In conclusion it may be stated that close cooperation between the various sections of the division and coordination of their functions with those of the district health units allow flexibility of control and permit concentration or expansion of activities in such a manner that they may be applied to any particular phase of the general health program.

INDUSTRIAL SANITATION SECTION

J. P. DEERY, M.D., *Industrial Hygienist*

Industrial hygiene is a highly specialized field wherein the physician and the sanitary engineer each plays a part and one can hardly be dissociated from the other. In addition to their professional knowledge they must be familiar with the processes used in practically every type of industrial pursuit. They should know that a "shakeout-man" works in a foundry, a "straight man" is part of a comedy team, and a "geke" is the Wild man from Borneo.

The program whereby this work is accomplished may be summed up under two headings:

Administration and Field Investigation

ADMINISTRATION: We secure and investigate physicians' reports of occupational diseases; we cooperate and provide a source of information for other state departments, for Industry, Labor, Insurance and Medical interests, or any agency interested in Industrial Hygiene. We also carry on an

educational program to acquaint industry and various interested groups with the problems of industrial health.

FIELD INVESTIGATION: We have conducted a preliminary survey of the industrial health conditions in the state. A summary of the survey follows: From a Department of Labor file of all industries in the State employing five or more persons a selective and representative group was chosen; three hundred and ten plants in all. These plants were visited by the personnel of the survey and itemized reports collected.

Their reports included from each establishment the number of employees, safety organizations, medical provisions, sick-benefit associations, sickness or accident records, and the yearly turnover of help. This information was usually secured from the factory manager.

In a Work-room survey, with the various foremen, the investigator made tabulations of the products and processes used, the various occupations, the number employed in each—male and female—the nature of the work, materials used and exposures that existed. Hazard control measures, if any existed, were noted. This survey covered a total of 44,751 workers, approximately one-fourth of all persons gainfully employed in the state. It formed a basis for our present work by familiarizing us with the types of industrial pursuit carried on here.

Our present field work consists of studies of plant conditions causing or suspected of causing occupational diseases, in order that the Section may advise or make recommendations for the control of existing or potential health hazards. Requests for this work come to us from manufacturers, plant physicians or from disgruntled employees. In these investigations, the sampling of air, counting of dust particles, temperature and humidity determinations, illumination measurements, and the like are carried on by the engineering staff. If medical examinations of the employees are necessary, they are done by the physician. As in all physical examinations carried on in the department, if aberration from the normal is found the worker is referred to his family physician. Reports on investigations are taken personally to the plant managers and if remedial changes are found to be necessary our engineers are prepared to aid in designing them.

Laboratory of Pathology and Bacteriology

DR. ROUND:

The work of the Laboratory of Pathology and Bacteriology is well known to all of you. For that reason we do not need to emphasize the type of work that has been carried on for a number of years. You will, however, be interested in some of the highlights and in some of the newer work which this division has already started or will soon undertake. Mr. Staff, the Chief of that Division, will present this part of our work.

DIVISION OF LABORATORIES

EDGAR J. STAFF, *Chief of the Division*

The Division of Laboratories occupies ten rooms on the top floor of the State Office Building. The staff numbers twenty-three and includes six bacteriologists, seven chemists, a pathologist, a toxicologist, several laboratory assistants and a clerical force of four.

The Division consists of eight units: 1. Diagnostic Bacteriology, (2) Serology, (3) Pathology, (4) Diagnostic Chemistry, (5) Food and Drug, (6) Toxicology, (7) Supplies, (8) Office. Its function is to assist physicians and health departments in the diagnosis and control of preventable diseases and to cooperate with other State departments.

(1) The Diagnostic Bacteriology Laboratory examines cultures, smears and body fluids for the presence of disease producing bacteria and other organisms. In the past year, 16,604 bacteriological and 1,131 blood examinations were performed by the four bacteriologists. The employees in this section are on call twenty-four hours a day for emergency examinations.

(2) The Serology Laboratory performs serodiagnostic tests for syphilis. The new premarital and prenatal blood test laws have greatly increased the number of specimens tested by the two serologists. Last year's total was 48,821.

(3) The Pathology Laboratory examines specimens of tissue removed at autopsy or biopsy. It cooperates with physicians and civic groups concerned with the early diagnosis of cancer and with the toxicologist, the Department of Justice and

other departments. 549 histopathological examinations were made last year. A part time pathologist and a trained technician carry out these duties.

(4) The Diagnostic Chemistry Laboratory last year performed 21,576 urine examinations and 3,715 blood chemistry tests for the indigent. The increasing demand for time consuming blood chemistry tests is taxing the facilities of this laboratory with its staff of three chemists. A photometer of the latest type has recently been obtained so that blood chemistry findings of research accuracy are now obtainable.

(5) The Food and Drug Laboratory during 1939 made 473 examinations of food which the inspector had reason to suspect as being contaminated, mislabeled or unfit for human consumption. One food analyst handles the work of this section.

(6) Toxicology is covered by Mr. Bohrer.

(7) The Supply service section prepares specimen containers of several types in order that materials to be examined may reach the laboratory in good condition. The four assistants in this unit also store all chemicals and other supplies and care for the 700 to 800 small animals necessary to carry on the work of the division. 100 guinea pigs are necessary for the Wassermann test, more than 100 are required for determining the presence or absence of tubercle bacilli in body fluids. Other animals are necessary in food poisoning, rabies, diphtheria virulence tests and other examinations.

(8) The divisional office issues all reports to physicians and maintains permanent records. The clerical staff of four receive numerous requests daily regarding previous or future examinations. More than 93,000 reports were issued through this section during 1939.

Special Interest Items

The State Serology Laboratory has taken part for three years in the National evaluation of the efficiency of the serodiagnostic tests for syphilis. This checkup, conducted under Surgeon General Thomas Parran of the U. S. P. H. S., consists of testing over 300 sera, duplicate samples of which have been sent to all State Laboratories and to the originators of the five most commonly used tests—Drs. Hinton, Kahn, Kline, Eagle and Kolmer.

In 1937 the Hinton test, our most sensitive test, scored only 54 out of a possible 82% positive. Our Kolmer test showed only 48% of a possible 73% by the control laboratory.

In 1938 this laboratory was notified that it occupied the top position of all the states.

R. I. Hinton 84.7% Control Lab. Hinton 83.9%
R. I. Kahn 72.9% Control Lab. Kahn 70.4%
R. I. Kolmer 52.0% Control Lab. Kolmer 77.4%

These tests were carried out on the blood of known syphilitics in various stages of treatment. No false positive or doubtful results were obtained with negative controls. It was decided that the Kolmer test was not sensitive enough and a modified Chapin Hospital Wassermann was substituted. In 1939 the following satisfactory report was received:

R. I. Hinton 86.8% Control Lab. Hinton 85.5%
Chapin Wass. 73.5% Control Lab. Wass. 83.4%

No false positives or doubtfuls were obtained, i.e., 100% specificity.

Our assistant serologist has tested hundreds of Wassermann sera by one of the best of the quick micro methods, the Mazzini test. It is a five minute microflocculation slide test using egg yolk with the antigen. So far it has proved 2% more sensitive than our Hinton, but all positives not obtained by the Hinton test have proved to be old treated luetic cases whenever histories were available. We are not prepared to state at present that this test is reliable as further study may show it to be too sensitive.

Dried smears on slides from suspected chancres may now be submitted to the State Laboratory instead of or in addition to serum. We use two staining methods—Cerquir's stain (carbol fuchsin and tannic acid as a mordant) and Haire's stain (hexylresorcinol and 1% gentian violet).

Our bacteriologists are trying out new methods of speeding up tubercle bacillus inoculation results by injecting silica dioxide with the material to be tested. So far results have been excellent.

Since the two Providence cases of Rocky Mountain spotted fever in 1937 and one in Massachusetts in 1939 the request for Weil-Felix tests has increased. Live proteus cultures are difficult to maintain properly as they tend to revert to the motile type which give false positives. Commercial suspensions of the killed cultures often yield false positives to 1:80 agglutination titre so positive reports do not mean much unless above that dilution.

The 1939 legislature passed a law requiring the proper sterilization of eating and drinking utensils. The regulations were to be issued by the Director of Health. One of our bacteriologists was assigned

to make a survey and studied fifty-five Providence establishments. Bacterial counts on beer glasses proved highest occasionally running over fifteen million per glass. Plates, forks and spoons gave results in the hundreds of thousands. It was found that the two bacteria most commonly encountered were staphylococcus aureus and aerobacter aerogenes.

DR. ROUND:

As for new activities undertaken by the Department, I will mention four.

1. *Antipneumococci sera.*

Sometime ago every physician was sent a letter explaining the conditions under which free antipneumococcal sera would be supplied to indigent patients. While the \$9,000.00 available for this sera is small, nevertheless the Pneumonia Committee of your Society felt that if the sera was used judiciously this sum of money would probably carry us through the pneumonia season. It is our hope that the peak of the season will not find our funds exhausted.

2. We have been able to establish a library, something that has been needed for many years. Our greatest need at present is a division of public health education. A library is one of the cornerstones of such a division.

3. On February 1st we expect to add a nutritionist to our staff. A nutritionist can be a very valuable adjunct in child hygiene work. A nutritionist can also play a very important part in dental hygiene. I do not need to tell you of the importance of proper food for children during the early years when teeth are forming. Proper foods will do much to prevent later dental troubles.

4. Plans for a cancer register are complete and work will begin as soon as our printing is ready.

In addition to these new projects, I feel you will be interested to know that the staff of the Laboratory of Pathology and Bacteriology has been increased. Also the staff of the Division of Vital Statistics has been doubled. This latter increase was an absolute necessity to enable the division to carry on its present work and care for the work that has accumulated during the past four years. Between 1931 and 1934 Rhode Island had the most efficient division of Vital Statistics of any state in the Union. Owing to lack of sufficient personnel this division has not issued an annual report since 1934.

THE RHODE ISLAND MEDICAL JOURNAL

Medical Library Building
106 Francis Street, Providence, R. I.

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THE STATE LABORATORIES

The Rhode Island State Board of Health began to make bacteriological examinations in 1894. At first, only examinations of sputum for tubercle bacilli and throat cultures for diphtheria were made. In 1900, the Widal test for typhoid was added. It is interesting to note that the State of Rhode Island was the first State to undertake such examinations for physicians, shortly after the introduction of such work by the city of New York under Dr. William H. Park.

Previous to 1905 the Board of Health had no laboratory of its own. The bacteriological work was done at the Rhode Island Laboratory, a private laboratory conducted by Dr. Gardner T. Swarts, with whom was associated Dr. Charles V. Chapin and later Dr. Jay Perkins. The laboratory examinations were made for a few years in Dr. Perkins' laboratory in a corner of the Rhode Island Hospital. In 1905 the Board established its own laboratory and appointed Dr. Swarts bacteriologist with quarters in the State House.

No examinations for diseases other than diphtheria, typhoid and tuberculosis were undertaken until 1913 when malaria and Neisser infections were added to the list. In 1915 a Laboratory of Pathology and Bacteriology was established under Dr. H. S. Bernton and the scope and usefulness of the laboratory to physicians were materially increased. In 1918 Dr. Lester A. Round was appointed Director of Laboratories. The types and numbers of examinations made have grown steadily. During 1900, 2178 specimens were examined and by 1914 the total had reached only 5410. An increase of 300% resulted under the laboratory directorship of

Dr. Bernton and 600% under Dr. Round. During the last four years totals have more than doubled so that the 1939 figure of 93,032 specimens represent forty-four times the 1900 total.

MEDICAL PREPAREDNESS

A recent communication from the A. M. A. states that the Government is now asking for Specialists who may be willing to volunteer to serve on the Induction Boards in examination of the Selective Service Draftees.

The Induction Boards will be concerned in the final examination of the draftee after he has passed the local boards and before his final acceptance into the service. There will be attached to each Induction Board:

- 3 Internists
- 1 General Surgeon
- 1 Orthopedist
- 2 Ophthalmologists
- 1 Otorhinolaryngologist
- 1 Neuropsychiatrist
- 1 Clinical Pathologist
- 1 Dentist

It is desirable that the physicians volunteering for this Service should include only those who, because of age or other reasons pertaining to their civil life, should not be expected to engage in full active military duty.

This notice has been sent to the several District Committees on Medical Preparedness and it is requested that any medical men who feel themselves qualified to serve, and are willing to do so, should send their names to the Chairman of the State Committee on Medical Preparedness, Dr. Halsey DeWolf, 199 Thayer Street. The names, as received, will be forwarded to the Chairman of the New England Corps Area and the appointments made by Government Authority.

It may be added that the Induction Center which concerns us here in Rhode Island will be located in Providence.

The list of the Committees on Medical Preparedness appointed for the several District Societies is as follows:

PROVIDENCE MEDICAL ASSOCIATION:
Peter P. Chase, M.D., Chairman
John G. Walsh, M.D.
Herman A. Lawson, M.D.

KENT COUNTY MEDICAL SOCIETY:
C. L. Phillips, M.D., Chairman
Stanley D. Davies, M.D.
Whitman Merrill, M.D.

NEWPORT COUNTY MEDICAL SOCIETY:

N. M. McLeod, M.D., Chairman
Samuel Adelson, M.D.
Alfred M. Tartaglino, M.D.

PAWTUCKET MEDICAL ASSOCIATION:

J. L. Wheaton, M.D., Chairman
G. Raymond Fox, M.D.
John H. Gordon, M.D.

WASHINGTON COUNTY MEDICAL SOCIETY:

(not yet appointed) Chairman
Michael H. Scanlon, M.D.
Julianna R. Tatum, M.D.

WOONSOCKET DISTRICT MEDICAL SOCIETY:

H. E. Gauthier, M.D., Chairman
Victor H. Monti, M.D.
Thomas J. Lalor, M.D.

RHODE ISLAND STATE COMMITTEE FOR

MEDICAL PREPAREDNESS:

Halsey DeWolf, M.D., Chairman
Lucius C. Kingman, M.D.
Guy W. Wells, M.D.

RHODE ISLAND MEDICAL SOCIETY**Report of the Delegate to the American
Medical Association**

The ninety-first annual session of the American Medical Association was held in New York, June 11-14, 1940. The ninety-second session will be held in Cleveland, June 2-6, 1941.

The House of Delegates first meeting was called together Monday, June 10, 1940 by the Speaker, Dr. H. H. Shoulders. The Speaker reviewed rather briefly the factors which have made the Association a force for good. Quoting from the Constitution "The objects of the Association are to promote the science and art of medicine and the betterment of public health," Dr. Shoulders pointed out that more than mere adoption of such a statement was necessary for greatness. It is the degree to which the spirit of that statement influenced the Society's deliberations that really counted. Most important of all, the Speaker traced the influence of the code of the principles of ethics on medical progress. He showed that Medical Ethics as approved by the Association had promoted scientific progress as well as the art of Medicine for the needs of humanity. That financial benefit to individual doctors had resulted from violation of the code.

The President's address by Dr. Rock Sleyster followed. It is to be hoped that you have all read it in the JOURNAL.

Dr. Sleyster emphasized the solidarity which permeated the ranks of the American Medical Association. In spite of the fact that for five years the Association has been under heavy bombardment of propaganda designed to create an impression the organization was divided within its ranks, the opposite seemed quite plain. At no time has the American Medical Association had better cooperation from its membership than in the past few years. This is evidenced by the fact that 15,000 new members have joined voluntarily during that time.

The President then reviewed the effects of totalitarianism on medicine abroad and compared regimented medicine with medical work in the United States. Dr. Sleyster said "No informed and thoughtful person can deny the threat to medical progress and to public health in some of the proposed legislation in Washington. If enacted as introduced, it would parallel the disastrous developments abroad. The results could not be different from those we have been led to expect through experience."

Dr. Van Etten, President-Elect, also discussed the problem of governmental control of Medicine. Referring to the Wagner health program, the President-Elect agreed that small hospitals located where NEEDED met with the approval of organized medicine. However, the remarks of Senator Murray who said the Wagner-George Bill was only a step toward the solution of health problems cause one to wonder about the ultimate aim of the sponsors of the program. Dr. Van Etten pointed out that the House of Delegates had asked for a Secretary of Health in the Cabinet as early as 1875. He believed such an officer could be of great value in coordinating all health activities of the government. He felt that the present time was opportune to press the matter and cited evidences of political support for the move.

Dr. George C. Dunham, United States Army, submitted for consideration of the House a plan for the procurement of professional personnel for the Medical Corps in the event of an emergency. The plan was referred to the Committee on Executive Session. Dr. Dunham's plan was then approved by the House of Delegates. The plan in detail is printed in the JOURNAL, June 22, 1940, page 2476. In general the plan requests the aid of the American Medical Association, and through it the State and County Societies, in preparing the Medical Department of the Army for M Day. The

Association began the preliminary work immediately and each of you has received blanks. I hope each of you has filled out these blanks and has returned them. You are most emphatically urged to canvass the members of your Society to see that every blank has been returned to the Association headquarters within a week. This is urgent and should not be delayed.

On the first day of the Session, the Chairman of the Board of Trustees presented the resolutions authorizing the organization of a Committee on Medical Preparedness. (See June 22nd issue, page 2475). The sum total of these resolutions was to form a Committee to maintain contact and relationship with all governmental agencies concerned with prevention of disease and care of the sick in both civil and military aspects and to make available as quickly as possible every facility that the American Medical Association can offer for the health and safety of the American people and maintenance of American Democracy.

The resolutions were adopted and a Committee of ten members of the House of Delegates was appointed. The President, Chairman of the Board of Trustees, the Secretary of the Association, Secretary of the Board of Trustees, and the Editor of the JOURNAL are ex-officio members.

The facilities of the Association, the most complete in this country, have been placed at the service of the Government and already a great deal has been accomplished in preparing medically, at least, for the day when war may be declared.

Immediately at the close of the Session several officials of the Association, including the Secretary, were summoned to Washington with regard to the indictment by the Government. A recent letter from the Secretary stated that the trial of the Association by the Government would probably take place in October.

Of three names submitted to the House of Delegates for the Distinguished Service Award, Dr. Chevalier Jackson received the greatest number of votes on the second ballot.

A reapportionment of the House of Delegates for the next three years, based on the present membership of 116,266 permits one (1) delegate for each 930 members or fraction thereof.

The total registration at the New York Session was 12,864.

The Gold Medal Award, based on originality and excellence of exhibits, was given to Huggins, Clark and Scott of the University of Chicago for

their exhibit illustrating benign hypertrophy of the prostate in the dog. The Gold Medal Award based on excellence of presentation and correlation of facts was given to Treves of Memorial Hospital, New York, for the exhibit illustrating the significance of the bleeding nipple.

The following men were elected to office:

President-Elect: Dr. Frank H. Lahey, of Boston.

Vice President: Dr. Parke G. Smith, of Cincinnati.

Secretary: Dr. Olin West, of Chicago.

Treasurer: Dr. Herman L. Kretschner, of Chicago.

Speaker of the House: Dr. H. H. Shoulders, of Nashville.

Vice Speaker: Dr. R. W. Fouts, of Omaha.

In addition, the following Trustees were re-elected: Dr. Ralph A. Fenton of Portland, Oregon, and Dr. James Bloss of Huntington, West Virginia. Dr. William F. Braasch of Rochester, Minnesota, was elected to finish the term of Dr. Charles B. Wright whose sad death occurred shortly before the House convened. One can hardly pass without taking cognizance of the untiring work of Dr. Wright during the most difficult years. He was of great help to your delegate and, had it not been for very pressing Association business in Washington that required his constant attention, would have addressed the Rhode Island Medical Society a few months ago.

Your delegate, in concluding, wishes to call your attention to the American Medical Association, House of Delegates report, to the fact that the next meeting of the American Medical Association and the Rhode Island Medical Society occur at the same time. In order to secure speakers and also exhibitors, it seems advisable to hold our meeting sufficiently earlier to permit speakers, exhibitors and our own members to attend both sessions.

Respectfully submitted,

GUY W. WELLS, M.D.,

Delegate.

Report of the State Committee on Medical Preparedness

In June, 1940, the American Medical Association, at the request of, and in cooperation with, the Government, appointed a National Committee for Medical Preparedness of seven members, of which Dr. Abell, past president of the American Medical Association, was Chairman and the other members

represented the various Army Corps areas of the Country. Also there were a number of ex-officio members from offices of the A. M. A. A state representative was then appointed from each State, Alaska, Puerto Rico, Hawaii and the Virgin Islands, to serve as chairman of the state committee; the other members being the President and Secretary of the various state societies. County Committees were then appointed from the various district societies in the states. It is evident that this brings the activities of Medical Preparedness finally to the county societies; in other words, to the individual doctors of the country. Following this, a Coordinating Committee was appointed, consisting of Dr. Abell again as Chairman, the Surgeon Generals of the Army, Navy and Public Health, and a Mr. Weed to represent Civil Life.

This organization completed, a Questionnaire was sent out to each doctor in the country covering a full statement of his past and present professional status. The main purpose of this Questionnaire is to enable the Government clearly to know the qualifications of each physician who may be called in to military service, who may be needed for care of the civilian population, public health, industry or of any other necessity that may be presented. This is vitally to the advantage of the Government and the doctor, which means that the Questionnaire must be answered by all irrespective of age or condition. Up to the present, the activities of the various committees may be summed up as follows:

The National Committee has oversight through its various members of all the Corps Areas in the country.

The State Representatives and Committees have greatly furthered the reply to the Questionnaires and with the aid of the various district society committees, have presented names for examiners of the draftees; have sent to the A. M. A. lists of these examiners and of all Medical Reserve Officers, as well as lists of the Advisory Boards appointed by the hospitals in consultation capacity and will, in the immediate future, send lists of the men suitable for home service, public health and industry.

We are now asked to name possible volunteers for the Induction Boards; these being the medical boards which give the final examination to the draftee who has passed the examination of the local boards. The Induction Board Examiners must be specialists in the several lines. One of these boards will function in the City of Providence.

Your State Committee in Rhode Island has had most cordial cooperation from the military authori-

ties and especially from Major Lloyd C. Wilson, the Senior Medical Officer in the State Service. Your Committee wishes especially to emphasize that in its opinion, the Government is working most wisely and the A. M. A. responding, through the organizations described above, most effectively, in the Medical Preparedness Program. We feel it the duty of all the profession to lend sympathetic and effective aid in this effort. At present, the individual can do this best by answering the Questionnaire. If the blank has been mislaid, new blanks can be secured through Mr. Farrell at the Rhode Island Medical Library, or Dr. DeWolf at 199 Thayer Street.

Your Committee will gladly try to answer any questions which may be asked and is anxious to be of aid in all ways possible, to further an effective Medical Preparedness.

Respectfully submitted,

RHODE ISLAND STATE COMMITTEE
FOR MEDICAL PREPAREDNESS:

Halsey DeWolf, M.D., Chairman

Lucius C. Kingman, M.D.

Guy W. Wells, M.D.

THE MEMORIAL HOSPITAL

Pawtucket, R. I.

Schedule Beginning on November 1, 1940

MEDICAL SERVICE: Medical Ward Rounds at 11:00 A. M. every Saturday.

Medical Conference on the last Wednesday of each month at 11:00 A. M.

CLINICAL PATHOLOGICAL CONFERENCE: The second Wednesday of each month from 12:00 Noon to 1:00 P. M.

SURGICAL SERVICE: Surgical Pathological Conference on the second Wednesday of each month at 11:30 A. M.

Surgical Ward Rounds at 11:00 A. M. every Wednesday.

Surgical Conference on the first and third Wednesdays at 12:00 Noon in the Tumor Clinic Room.

INTERNE ALUMNI CLINIC: The entire day on Wednesday, November 6, 1940.

TUMOR CLINIC: The first and third Thursdays of each month at 10:00 A. M.

UROLOGICAL SERVICE: Ward Rounds at 12:00 Noon on every Monday at 12:00 Noon.

Staff Meeting on the first Monday of the month at 12:00 Noon.

MEDICAL STAFF MEETING: Meeting of the entire staff on the second Wednesday of each month at 1:00 P. M.

OBSTETRICAL SERVICE: Conference on the last Friday of each month at 12:00 Noon.

ORTHOPEDIC SERVICE: Ward Rounds at 8:30 A. M. every Monday.

PEDIATRIC SERVICE: Ward Rounds and Discussion of Cases at 12:00 Noon every Thursday.

EAR, NOSE AND THROAT SERVICE: Ward Rounds and Discussion of Cases at 10:30 A. M. on the second Wednesday of each month.

Members of the staff and physicians who are not on the staff are cordially invited to participate in the various activities such as ward rounds, etc. The above schedule and subsequent ones will be printed in the RHODE ISLAND MEDICAL JOURNAL so that you may be acquainted with the various dates. By presenting yourself at the information desk in the Main Hospital, you will be directed to the various departments where such activities are taking place.

VITAMIN-FREE FOODS FOR RESEARCH!

A recent announcement by the Research Laboratories of the S.M.A. Corporation reveals that they are now in a position to provide vitamin-free casein and other vitamin-free foods for experimental purposes to researchers who have previously been obliged to manufacture these items for private use.

For many years the S.M.A. Corporation has been producing these foods exclusively for use in their laboratories. Now, with the expansion of their own facilities and the realization of the convenience to others engaged in laboratory work this offer is made to provide vitamin-free diets at an exceptionally reasonable cost. Quantities of one, five, ten or 100 pounds or more may be ordered directly from the Research Laboratories, S.M.A. Corporation, Chagrin Falls, Ohio.

RECENT BOOKS

GYNECOLOGICAL AND OBSTETRICAL PATHOLOGY, WITH CLINICAL AND ENDOCRINE RELATIONS. By Emil Novak, A.B., M.D., D.Sc. (Hon. Dublin) F.A.C.S. pp. 496, with 427 illustrations. Cloth, \$7.50, W. B. Saunders Company, Philadelphia, 1940.

Dr. Novak needs no introduction to those familiar with gynecological literature. He has written extensively and with great authority on all fields of his subject. It is entirely in place therefore, that he should present to his many admirers and students a comprehensive book covering the work in this important field. He has condensed into 470 pages an admirable presentation and discussion covering

all phases of the pathology of the pelvic organs written in a clear and understandable style, invaluable and bringing up to date the busy practitioner or even specialist, and well suited to the wants of the medical student. 427 figures, illustration of gross specimens and microscopic sections add greatly to the value of the text. We are amazed at the wealth of information concerning a rather broad subject which has been condensed into so small a volume. Dr. Novak's book is one which all gynecologists should have in their library.

GEORGE W. WATERMAN, M.D.

MEDICAL NURSING. By Edgar Hull, M.D., F.A.C.P., Christine Wright, R.N., B.S., and Ann B. Eyl, B.S. pp. 508, with 168 illustrations including 11 color plates, Cloth, \$3.50, F. A. Davis Company, Philadelphia, 1940.

This text book for the nursing profession is a departure from the usual format, in that surgical nursing is not discussed at all. On the other hand, this permits more space for the authors to devote to their subject.

Each disease is discussed from three different viewpoints:

"From that of the doctor who directs the treatment; of the nurse who administers it; and of the dietician who plans and prepares the diet."

The impression gained by the reviewer is that this book adequately fills the need, and it could well be used by the training schools in this community.

FRANCIS H. CHAFEE, M.D.

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACTS OF CONGRESS OF AUGUST 24, 1912, AND MARCH 3, 1933

of *Rhode Island Medical Journal*, published monthly at Providence, Rhode Island, for October, 1940.

State of Rhode Island }
County of Providence } ss.

Before me, a Notary Public in and for the State and county aforesaid, personally appeared Albert H. Miller, M.D., who, having been duly sworn according to law, deposes and says that he is the Managing Editor of the *Rhode Island Medical Journal*, and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management, etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 24, 1912, as amended by the Act of March 3, 1933, embodied in section 537, Postal Laws and Regulations, printed on the reverse of this form, to wit:

1. That the names and addresses of the publisher, editor, managing editor, and business managers are: Publisher, Rhode Island Medical Society, 106 Francis Street; Managing Editor, Albert H. Miller, M.D., 106 Francis Street.

2. That the owner is: Rhode Island Medical Society, 106 Francis Street.

3. That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: None.

4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only the list of stockholders and security holders as they appear upon the books of the company but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting, is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner; and this affiant has no reason to believe that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds, or other securities than as so stated by him.

ALBERT H. MILLER, M.D.

Sworn to and subscribed before me this 26th day of September, 1940.

[SEAL.]

JOHN E. FARRELL

(My commission expires June 30, 1941.)